



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Waste Engineering & Enforcement Division

## **Certification Application for Operators of Landfills, Transfer Stations, Recycling and Volume Reduction Facilities**

Print or type unless otherwise noted. You should retain a copy for your files.

In accordance with the Regulations of Connecticut State Agencies, Sections 22a-209-6, this application must be completed to apply for or renew certification.

### **Part I: Applicant Information**

1. Name of Applicant:

Mailing Address:

City/Town:

State:

Zip Code:

Phone:

Email:

2. Do You Currently Hold a Valid Connecticut Certificate?  Yes  No

If Yes, Please Attach a Photocopy of The Certificate (if available) to This Application and Complete the Following:

a. Type of Connecticut Certification: (Check One)

- Landfill / Transfer Station / Volume Reduction Facility Operator
- Transfer Station / Volume Reduction Facility Operator only
- Recycling Facility Operator
- Other:

b. Certificate Number:

c. Date Certificate Expires:

3. Do You Have Other Related Certifications?  Yes  No

If Yes, Please Attach A Photocopy To This Application.

Sponsoring Organization:

Type of Certification:

Certificate Number:

Date Certificate Expires:

## Part II: Education/Training

1. Elementary and Secondary School (Check Highest Grade Completed):

1    2    3    4    5    6    7    8    9    10    11    12

2. Did you graduate from high school?    Yes    No

If Yes, please provide the following:

Year of Graduation:

Name of School:

Mailing Address:

City/Town:

State:

Zip Code:

If No, have you obtained a High School Equivalency Certificate?    Yes    No

Identify Source:

3. College:

Mailing Address:

City/Town:

State:

Zip Code:

Dates Attended:

Major/Minor:

Degree Obtained?    Yes    No   Type:

College:

Mailing Address:

City/Town:

State:

Zip Code:

Dates Attended:

Major/Minor:

Degree Obtained?    Yes    No   Type:

3. List Any Other Related Educational Courses or Training Taken Within The Last 5 Years:

<i>Date Taken</i>	<i>Name of Class</i>	<i>Duration</i>	<i>Sponsoring Organization</i>
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Check if additional sheets are attached to this page.

**Part III: Experience** (List Related Employment Only)

1. Present Employer:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Dates Employed: From:	To:		
Job Title:			
Description of Facility and Your Duties:			
2. If you have been employed less than 5 years with the present employer, please complete the following:			
Former Employer:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Dates Employed: From:	To:		
Job Title:			
Description of Facility and Your Duties:			

**Part IV: Certification**

"I certify that all information provided by me in this application and any attachments is true and complete to the best of my knowledge and belief, and I understand that any false statement I have made in this application or any attachment is punishable as a criminal offense, in accordance with Connecticut General Statutes, Section 22a-209-6, under Connecticut General Statutes, Section 53a-157b."	
Signature of Operator	Date
Name of Operator (print or type)	Title (if applicable)

Please return this application to:

WASTE ENGINEERING AND ENFORCEMENT DIVISION  
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE  
CONNECTICUT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

Any questions, please contact the DEEP Recycling Program at 860-424-3366 or [deep.recyclingprogram@ct.gov](mailto:deep.recyclingprogram@ct.gov)